

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Sulte 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

DATE OF DISCLOSURE 2. NAME OF OFFICIAL OR CANDIDATE
3-31.04 LESLIE DAVENFORT
3. ADDRESS AND PHONE Street or Rural Route City State Zip code Phone
6 33 WEST BROW LOOKOUT MM TN 31350 (4)3 821.3726
4. TITLE OF OFFICE HELD OR SOUGHT (Include district number , if applicable)
Town commissioner
5. SOURCES OF INCOME: List major sources of your private income of more than \$1,000 and that of your spouse or minor children residing with you. "Major sources of private income" includes, but is not limited to, offices, directorships and salarled employments. No dollar amounts need be stated.
6. INVESTMENTS: List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need to be stated. **Note: The investment of t
7. LOBBYING: List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor children residing with you. Also, list any firm in which you, your spouse or minor children residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment and the measures to be supported or opposed.
N/A
8. PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.

	the expenses necessarily related to the adequate performance of
	re from any person, firm or organization who is in the practice of uence directly or indirectly, the passage or defeat of any legisla-lative committees or the members thereof.
BÁNKRUPTCY: List any adjudication of bankruptor five (5) years of the date of this report.	cy or discharge received in any United States district court within
made in the previous calendar year to you, your spous closed on this report if they are: (1) From your immediate family (spouse, parent, sib	
business of making loans. The loan must bear the assures repayment, evidenced by a written instruction. (3) Secured by a recorded security interest in collate made on a basis which assures repayment, evaluation schedule. (4) From a partnership in which you have at least terms.	ent (50%) of the outstanding voting shares are owned by you or by
13. ADDITIONAL INFORMATION: List any additional in	information you wish to disclose.
14. OPTION AVAILABLE TO OFFICEHOLDERS ONLY	(Check if applicable):
There has been no change in conditions sin	ce my previous report.
15. TO BE SIGNED BY REPORTING OFFICIAL OR C	ANDIDATE (must be attested to by witness)
is true that I	fy that the information contained in this disclosure statement and that it is a complete and accurate report of all matters arm required to disclose by the Conflict of Interest Disclosure
	ignature of Official or Candidate Date
	undersigned, do hereby witness the above signature which igned in my presence.
_6	Radette Mulli 4-1-04
Si	gnature of Witness Date